STATE OF NEW HAMPSHIRE
BOARD OF PHARMACY

June 16, 2004

A **special meeting** of the New Hampshire Board of Pharmacy was held on **June 16, 2004** at the Board office, 57 Regional Drive, Concord, New Hampshire. The purpose for the meeting was to review existing Rules of the Board and to draft amendments and, where necessary, propose new sections in preparation for the rulemaking process. The meeting was **called to order at 8:10 a.m.** with President Margaret E. Hayes presiding.

I. ROLL CALL - AGENDA REVIEW - ANNOUNCEMENTS

PRESENT

Margaret E. Hayes, President
Kristina Genovese, Vice-President
George L. Bowersox, Treasurer
Sandra B. Keans, Secretary
Vahrij Manoukian, Member
Ronald L. Petrin, Member

ALSO PRESENT

Paul G. Boisseau,
Executive Secretary
Peter A. Grasso,
Chief Compliance Investigator

II. WORK SESSION

Amend Ph 704.03 Transmission of Prescription Drug Order by Prescriber

(a) – (e) No changes.

(f) For controlled substances in Schedule II, a pharmacy may receive an electronically transmitted drug order directly from the prescriber for filling, provided however, that the original written prescription**, prepared in accordance with RSA 318-B:9, III, IV,** shall be presented and verified against the electronic record at the time the substances are actually dispensed and that the original document shall be processed and retained for filing.

(g) There shall be ~~2~~ **3** exceptions to the requirements stated in (f) above:

~~(1) Schedule II home infusion/intravenous (I.V.) pain therapy prescriptions may be electronically transmitted by the practitioner or the practitioner's agent to a pharmacy to be compounded for the direct administration to a patient in a private residence, long term care facility or hospice setting by means of parenteral, intravenous, intramuscular, subcutaneous, or intraspinal infusion; and~~

(1) A prescription prepared in accordance with 318-B:9, III, IV, and issued for a Schedule II narcotic substance to be compounded for the direct administration to a patient in a private residence, long term care facility, or hospice setting, by parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion may be electronically transmitted by the practitioner or the practitioner's designated agent to the dispensing pharmacy. The facsimile serves as the original written prescription and shall be maintained in accordance with the provisions of RSA 318-B:9, I.

~~(2) Schedule II prescriptions for patients in Long Term Care Facilities may be electronically transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy.~~

(2) A prescription prepared in accordance with 318-B:9, III, IV, and issued for a Schedule II controlled substance for a resident of a long term care facility may be electronically transmitted by the practitioner or the practitioner's designated agent to the dispensing pharmacy. The facsimile serves as the original written prescription and shall be maintained in accordance with the provisions of RSA 318-B:9, I.

(3) A prescription prepared in accordance with 318-B:9, III, IV, and issued for a Schedule II narcotic substance for a patient enrolled in a hospice care program, may be electronically transmitted by the practitioner or the practitioner's designated agent to the dispensing pharmacy. The practitioner or the practitioner's designated agent will note on the prescription that the patient is a hospice patient. The facsimile serves as the original written prescription and shall be maintained in accordance with the provisions of RSA 318-B:9, I.

~~(h) In the case of (g)(1) above the electronic record shall serve as the original/written prescription and it shall comply with all federal and state laws, rules and regulations for Schedule II prescriptions. The exception shall not apply to oral dosage units.~~

~~(i) In the case of (g)(2) above the electronic record shall serve as the original/written prescription and it must comply with all federal and state laws, rules and regulations for Schedule II prescriptions.~~

(h) ~~(j)~~ The device used for the receipt of electronically transmitted prescription drug orders shall be located in the prescription department of the pharmacy in order to protect patient confidentiality and to assure security.

Amend Ph 707.03 Board Authorized Controlled Drug Destruction

(a) No changes.

(b) The pharmacist-in-charge at a licensed hospital pharmacy shall be **responsible** ~~designated as the agent of the board~~ for the ~~sole~~ purpose of **overseeing the destruction of controlled** ~~destroying discontinued compounded preparations containing schedule II~~ substances, ~~such as morphine drip and Brompton's Mixture and discontinued and/or partial patient control analgesia devices (PCA's)~~ in accordance with the procedures as set by the hospital's Hazardous Waste Disposal Committee and at no expense to the state of New Hampshire. **The destruction of controlled substances shall be performed by a registered pharmacist, employed by the institution, and witnessed by a second licensed healthcare professional or registered technician as designated by the pharmacist-in-charge. The pharmacist-in-charge shall cause to be completed:** ~~This authorization shall not include commercially available injectables, other than PCA's, or oral dosage form controlled substance medications. The pharmacist-in-charge may apply for this authorization by filing a written request at the board office. Once authorization is obtained:~~

(1) A record of such ~~Schedule II~~ controlled drugs destroyed **which** shall be made on federal form DEA 41 obtained at the board office, identified in Ph 103.03; and

(2) Copies of form DEA 41 shall be distributed as follows:

a. The original shall be sent to the board office; and

b. A copy shall be retained in the hospital pharmacy where the destruction occurred for a period of 4 years.

(c) In a patient care area of the institution, partially used unit-of-use controlled substances may be wasted by one licensed healthcare professional and witnessed by a designee of the pharmacist-in-charge as described in the written policies and procedures of the institution relative to the accountability and method of destruction of such drugs.

(d) ~~(c)~~ In the interest of the health and safety of group home residents, the facility's consultant pharmacist(s) may remove from such group homes any discontinued, expired or otherwise unusable drugs.

(e) ~~(d)~~ In order to remove the drugs referenced in (c) above, the consultant pharmacist shall:

(1) Notify the board that a request has been made by the facility, to the consultant pharmacist, for removal of drugs;

(2) Submit to the board a written request for removal of such drugs;

(3) File one copy of form Ph 516 at the group home;

(4) Retain one copy with the drugs, which shall be removed to the consultant's place of practice; and

(5) Upon receipt of the original, a compliance investigator shall proceed to the consultant's place of practice to supervise the destruction of the drug.

Amend Ph 709.01 Definitions

(a) "Automated medication supply system" means an electronically controlled system that performs operations or activities relative to the storage and distribution of medications for administration and which collects, controls, and maintains all transaction information.

(b) "Electronic signature" for purposes of this section means a unique security code or other identifier which specifically identifies the person entering information into a data processing system. An institution which utilizes electronic signatures shall maintain a permanent list of the unique security codes and the persons to whom they have been assigned.

(c) ~~(a)~~ "Satellite pharmacy" means a pharmacy in an institutional setting under the direction of a licensed pharmacist, that is remote from the centrally licensed pharmacy, but within the same facility/location and dependent upon the centrally licensed pharmacy for administrative control, staffing and drug procurement.

Amend Ph 709.08 Investigational Drugs

Investigational drugs shall be used only under the ~~direct~~ supervision of the principal investigator and shall be approved by an appropriate medical staff committee. Such drugs shall be **controlled by** ~~stored in~~ the pharmacy and shall be properly labelled. A central unit, which may be the pharmacy, shall be established where essential information on investigational drugs is maintained. Nurses shall be given basic pharmacologic information about the drug before administering.

III. ADJOURNED AT 9:50 A.M.

Respectfully submitted,

Sandra B. Keans
Secretary
FOR THE BOARD